

REQUISITION FORM FOR EXTRA TIME DURING EXAM

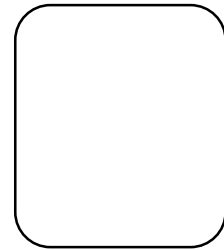
Student's details :
Name :
Enrolment Number :
Name of the Programme :
Name of the Institute :
Centre Code :
Category of disability (tick) : VI / HI / Locomotor / CP / Others (Please specify and attach disability ID / Certificate / Proof).
Aadhaar Number :
(Please attached copy of the Aadhaar card)

Signature

Office Seal

Name of the :
Course Coordinator/HoI

EXTRA TIME - APPROVAL FORM



This is to certify that, Mr/Ms/Mrs is having difficulty in writing the (month) (year) examination which is scheduled to be conducted at (Centre name), (Centre Code), due to (Disabling conditions).

On the basis of recommendation made by Disability Certificate issued by the District Medical Officer / District Rehabilitation Officer and the Head of Institute / Course Coordinator, NIEPMD-NBER is hereby permitting the candidate to have extra time to write their examinations as per the norms of RPWD Act, 2016.

Director
NIEPMD